

Washington State Health Care Authority
CONTRACT AMENDMENT

1A. NAME OF CONTRACTOR Corporate Translation Services, Inc. DBA CTS LanguageLink	2A. CONTRACT NUMBER K618 – Service Area 1
1B. ADDRESS OF CONTRACTOR 911 Main Street, Suite 10	2B. AMENDMENT 5
1C. CITY, STATE, ZIP CODE Vancouver, WA 98660	

3. ☒ THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS
The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in item 5 below by mutual consent of all parties hereto.

4. ☐ THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS
The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in item 5 below pursuant to the changes and modifications clause as contained therein.

5. DESCRIPTION OF AMENDMENT:

The following sections of the Contract are amended as follows:

6. Section 3, Statement of Work, f. (6) (h), and k. (5), are added as follows:

3. **Statement of Work.** The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

f. Contracting with Interpreters

(6) Ensure the Interpreter receives the required orientation prior to providing services under this Contract, including all of the following:

(h) The eligibility requirements for block-time scheduled appointments. These requirements must be posted on the contractor's website for interpreters. See Exhibit I, DSHS Block Time Guidelines, attached.

k. DSHS Assigning and Communicating Interpreting Modality

(5) Block of Time Appointments

(a) Limit eligibility for DSHS Block of Time Appointments to the eligible interpreter pool.

i. Eligibility for these appointments is defined as:

- (A) Be certified/authorized as a DSHS Social Services interpreter;
- (B) Be certified/authorized for at least one (1) year prior to the date of service offered;
- (C) Have at least 25 hours of interpreting experience in a social services

setting; and

- (D) Have no confirmed instances of serious Code of Professional Conduct violations, including no confirmed instances of unexcused interpreter "no-shows," while providing services to scheduled encounters system-wide for a six-month period prior to the appointment date.

ii. The contractor will rotate multiple authorized interpreters through block-time scheduled appointments. Rotating interpreters not only helps to develop and maintain interpreter resources needed; it is also conducive to maintaining an appropriate relationship between interpreters and the requesting field office. Interpreters will be limited to providing services on five (5) days within a calendar month, unless no other interpreter is qualified or identified.

(b) Contractor should look for social services interpreters utilizing the current scheduling standards as approved by HCA and DSHS. The rate paid to interpreters eligible for mileage reimbursement should be paid at the current Office of Financial Management (OFM) standard mileage reimbursement rate as defined in State Administrative & Accounting Manual (SAAM), Chapter 10, as incorporated into the CBA.

(c) The contractor may request an exception to these block-time interpreter qualification standards, if there is no interpreter available who meets all of the qualification standards. The request must be submitted in writing to the appropriate DSHS Headquarters LEP Advisor within 5 business days of the block-time appointment. The DSHS Headquarters LEP Advisor will respond with an approval or denial of the request in writing within 3 business days of block-time appointment.

7. The effective date of this amendment is Date of Execution (DOE) of both parties.

All other terms and conditions of this Contract remain in full force and effect.





This is a unilateral amendment. Signature of contractor is not required below.



Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.

IN WITNESS WHEREOF, HCA and the contractor have signed this agreement.

CONTRACTOR SIGNATURE 	DATE 8/30/2013
HCA ADMINISTRATOR/DESIGNEE SIGNATURE  Susan DeBlasio HCA Contracts Administrator	DATE 9/4/13

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE ASSISTANT ATTORNEY GENERAL HCA-728 (11/93)